

PART B - FEE(S) TRANSMITTAL

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909 7590 10/25/2007

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(Depositor's name)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/765,217	01/28/2004	Joris Jan Van Der Sande	081468-0307716	7653

TITLE OF INVENTION: TIME-OPTIMAL SETPOINT GENERATOR IN A LITHOGRAPHIC APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/25/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS		01/17/2008 CNGUYEN3 00000059 033975	10765217	
RAYMOND, BRITTANY L	1795	430-311000		01 FC:1501	1440.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page					
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ASML Netherlands B.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Veldhoven, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies Three (3)

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 033975 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date January 16, 2008

Typed or printed name Robert C.F. Perez

Registration No. 39,328

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